



# Institute for Community Health

Building sustainable community health, together

A collaboration of the Cambridge Health Alliance, Mount Auburn Hospital, and Partners Healthcare

Spring 2012

## PHACTS study to shape public health departments in future

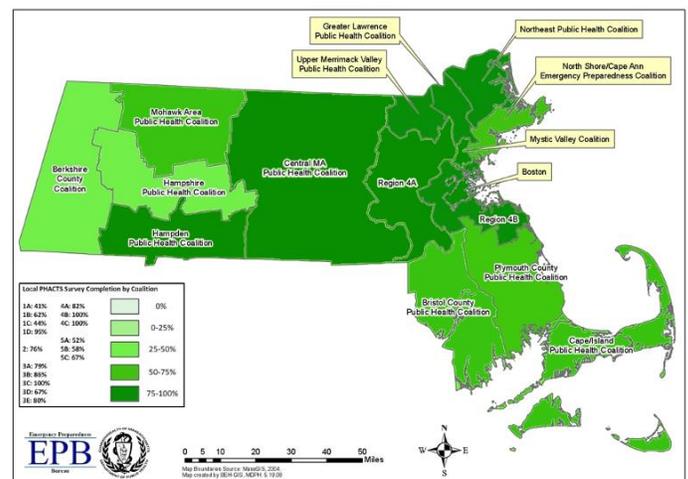
There is a strong tradition of “home rule” among municipalities in Massachusetts, says Justeen Hyde, Senior Scientist at the Institute for Community Health. In addition to being free to pass laws and ordinances to meet local needs, home rule in Massachusetts requires that every municipality ensure that governmental services are provided to local residents, including assuring access to public health services through the local Board of Health. Hyde says this local control is beneficial in some ways, as these departments know their local health issues well. But as state aid to municipalities has been significantly cut in recent years, many are questioning whether having an individual public health department for each city and town is the best way to deliver public health services – or if cross-jurisdictional service sharing could be more cost-effective, more efficient, and result in better capacity to protect the public’s health.

One of the challenges faced by public health leaders who want to make smart, equitable improvements to the local public health system is a lack of data on the structure and organization of governmental public health services. With a belief that improvement efforts should begin with a good understanding of the current strengths and gaps of local service delivery, the Institute for Community Health spearheaded the efforts of a group of public health providers and academics to create a survey for Massachusetts’ 351 local boards of health. Known as the Local PHACTS (Public Health Activities, Capacities, and Technical Skills) survey, it was designed to gain formative information about the local public health infrastructure in the state and examine the capacity that each municipality has to provide essential public health services.

Data were collected between November 2010 and October 2011. Seventy percent of municipalities across the state participated in the study, including numerous small towns that, in the past, have chosen not to participate in public health studies. Initial analysis of the data has focused on understanding the impact of population size on capacity and identifying influences on capacity that affect communities of all sizes. One key

finding is that municipalities with local elected officials who have a good or very good understanding of the roles and responsibilities of local boards of health have greater capacity to perform essential services. This is an exciting discovery to the group of public health practitioners and academics who worked together to develop the study, as it provides a tangible and targeted strategy for improving resources dedicated to local public health services.

Local PHACTS Survey Completion by EP Region



Analysis of the survey data has just begun and will ideally continue over the next several months in collaboration with the practice-based and academic partners who shaped the study. The goal, Hyde says, is to ask critical questions of the data and work together to develop recommendations for systems-level improvements. Additional funding is needed for this project to continue supporting analysis of the data in a manner that is collaborative and engaged with diverse interests. Ultimately, ICH would like to see the results of the study provided to public health associations in Massachusetts, elected officials of the individual municipalities, and advocacy groups to help support improvements in local public health services.

For more information, see the [Massachusetts Practice-Based Research Network \(MA PBRN\) website](#). The MA PBRN is a local public health systems research collaborative that includes ICH.